



This is an official
CDC Health Update

Distributed via Health Alert Network
August 12, 2013, 3:45 PM
10299-CHU-08-12-2013-MERS

**Notice to Healthcare Providers and Public Health Officials:
Updated Guidance for the Evaluation of Severe Respiratory Illness
Associated with Middle East Respiratory Syndrome Coronavirus
(MERS-CoV)**

Summary

The Centers for Disease Control and Prevention (CDC) continues to work closely with the World Health Organization (WHO) and other partners to better understand the public health risks posed by Middle East Respiratory Syndrome Coronavirus (MERS-CoV). To date, no cases have been reported in the United States. The purpose of this health update is 1) to provide updated guidance to healthcare providers and state and local health departments regarding who should be tested for MERS-CoV infection, 2) to make them aware of changes to CDC's "probable case" definition, and 3) to clarify what specimens should be obtained when testing for MERS-CoV. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

Background

MERS-CoV, formerly called novel coronavirus, is a beta coronavirus that was first described in September 2012. As of August 12, 2013, 94 laboratory-confirmed cases have been reported to WHO. Of those cases, 49% (46) were fatal. All diagnosed cases were among people who resided in or traveled from four countries (Kingdom of Saudi Arabia, United Arab Emirates, Qatar, or Jordan) within 14 days of their symptom onset, or who had close contact with people who resided in or traveled from those countries. Cases with a history of travel from these countries or contact with travelers from these countries have been identified in residents of France, the United Kingdom, Tunisia, and Italy. **To date, no cases have been reported in the United States.** The most up-to-date details about the number of MERS-CoV cases and deaths by country of residence are on CDC's MERS website (<http://www.cdc.gov/coronavirus/mers/index.html>).

Updates to Interim Guidance and Case Definitions

Interim Guidance for Health Professionals: Patients in the U.S. Who Should Be Evaluated

CDC has changed its criteria for who should be evaluated for MERS-CoV. In the previous guidance ([HAN 348](#), dated June 7, 2013), CDC did not recommend MERS-CoV testing for people whose illness could be explained by another etiology. The new guidance states that, in patients who meet certain clinical and epidemiologic criteria, testing for MERS-CoV and other respiratory pathogens can be done simultaneously and that positive results for another respiratory pathogen should not necessarily preclude testing for MERS-CoV.

The new guidance also clarifies recommendations for investigating clusters of severe acute respiratory illness when there is not an apparent link to a MERS-CoV case. Clusters* of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) should be evaluated for common respiratory pathogens and reported to local and state health departments. If the illnesses remain unexplained, testing for MERS-CoV should be considered, in consultation with state and local health departments.

For CDC's updated interim guidance for healthcare professionals, see (<http://www.cdc.gov/coronavirus/mers/interim-guidance.html>).

Case Definitions

CDC has not changed the case definition of a confirmed case, but the criteria for laboratory confirmation have been clarified. CDC has changed its definition of a probable case so that identification of another etiology does not exclude someone from being classified as a "probable case."

For CDC's updated case definitions, see (<http://www.cdc.gov/coronavirus/mers/case-def.html>).

CDC may change its guidance about who should be evaluated and considered a case as we learn more about the epidemiology of MERS-CoV infection and risk of transmission.

Interim Guidance about Testing of Clinical Specimens

CDC recommends collecting multiple specimens from different sites at different times after symptom onset. Lower respiratory specimens are preferred, but collecting nasopharyngeal and oropharyngeal (NP/OP) specimens, as well as stool and serum, are strongly recommended. This will increase the likelihood of detecting MERS-CoV infection. For more information, see CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens (<http://www.cdc.gov/coronavirus/mers/guidelines-clinical-specimens.html>). Many state health department laboratories are approved for MERS-CoV testing using the CDC rRT-PCR assay. Contact your state health department to notify them of people who should be evaluated for MERS-CoV and to request MERS-CoV testing. If your state health department is not able to test, contact CDC's EOC at 770-488-7100.

*In accordance with the WHO's guidance for MERS-CoV, a cluster is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks, or recreational camp. See WHO's Interim Surveillance Recommendations for Human Infection with Middle East Respiratory Syndrome Coronavirus (http://www.who.int/csr/disease/coronavirus_infections/InterimRevisedSurveillanceRecommendations_nCoVInfection_27Jun13.pdf).

DHEC contact information for reportable diseases and reporting requirements

Reporting of diseases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2013 List of Reportable Conditions available at: <http://www.scdhec.gov/health/disease/reportables.htm>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2013

Mail or call reports to the Epidemiology Office in each Public Health Region.

LOW COUNTRY PUBLIC HEALTH REGION

Berkeley, Charleston, Dorchester
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0043
Fax: (843) 953-0051
Nights / Weekends: (843) 441-1091

Beaufort, Colleton, Hampton, Jasper
219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 549-1516
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

Allendale, Bamberg, Calhoun, Orangeburg
PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 268-5866
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

MIDLANDS PUBLIC HEALTH REGION

Kershaw, Lexington, Newberry, Richland
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: (888) 554-9915

Chester, Fairfield, Lancaster, York
PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: (888) 554-9915

Aiken, Barnwell, Edgefield, Saluda
222 Beaufort Street, NE
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (888) 554-9915

PEE DEE PUBLIC HEALTH REGION

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion
145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 915-8845

Clarendon, Lee, Sumter
PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (843) 915-8845

Georgetown, Horry, Williamsburg
1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights/Weekends: (843) 915-8845

UPSTATE PUBLIC HEALTH REGION

Anderson, Oconee
220 McGee Road
Anderson, SC 29625
Phone: (864) 260-5801
Fax: (864) 260-5623
Nights / Weekends: (866) 298-4442

Abbeville, Greenwood, Laurens, McCormick
1736 S. Main Street
Greenwood, SC 29646
Phone: (864) 227-5947
Fax: (864) 942-3690
Nights / Weekends: (866) 298-4442

Cherokee, Greenville, Pickens
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

UPSTATE PUBLIC HEALTH REGION (continued)

Spartanburg, Union
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

**DHEC Bureau of Disease Control
Division of Acute Disease Epidemiology**
1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: (888) 847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.